INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield county Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

TYPE OF PERMIT REQUESTED

Owner's Name: Permit #: Tees S S 8140-0118 3 174-16 J-8-16

					Municipal Hea			Commercial Use			,	X Residential Use				Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)				12100	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	$\sim$	material	Value at Time of Completion * include donated time &	Non-Shoreland	D Sikil claim	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	16	V. 404 0 25 3 +	1/4,	PROJECT LOCATION	Authorized Agent: (Person Signing Application on behalf of Owner(s))	or:	ess of Property:	可なと言い	Owner's Name:
				T	1			se				ñ		· —		<u> </u>	ion:	(if permit being	  -  -		Run a Business on	Relocate (existing bldg)	Addition/Alteration			Project		Is Property/L	Is Property/Land within 300 feet of Foreek or Landward side of Floodplain?		, Township	. 1	Legal Description:	n Signing Applicati			1 H	
Other: (explain)	Conditional	Special Use: (explain)	Accessory B	Accessory Building	Addition/Alteration	Mobile Hom	Bunkhouse v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Residence (i.	Principal Stri			applied for is				sting bldg)	teration	$\bot$		7.5		and within 100	and within 300 rard side of Flo	76	N, Range	Gov't Lot	<u>n</u> : (Use Tax Statement)	on on behalf of Ov	i I.		FUREU	
in)	Conditional Use: (explain)	(explain)	uilding Additi	uilding (specity)	13	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	e. cabin, hunt	cture (first s			elevant to it)		Foundation	No Basement	Basement	1-Story + Lon	1-Story	a P	# of Stories and/or basement		0 feet of Lake,	odplain?	0	т <u>е</u> <del>ДС</del> ₩	Lot(s)			Co	~ <u>Q</u>		IAIC
	14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- Application	Accessory Building Addition/Aireration (s			d date)	or 🗔 sleeping quarters, or	Garage			Ť			Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure	Length: )						Y rear nound	7 =	_ Cocoma	π Ose		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain?  If yes—continue —▶	,	Town	CSM Vol & Page	04-648-248-		Contractor Phone:	City/State/Zip: プログラン	9585 FAIR	Malaing Audi ess.
	- Indiana	With the second	(specify)		'    ·	- Andrews									erty)	ructure	3	3			None		3 7			# of bedrooms		Distance Structure	-	-   -	9: 9:	age Lot(s) No.	08.16.2 02	Agent Mailing	Plumber:	R S	FRIRNEW RO	
mer		THE					cooking & food prep facilities)	- Landy and the second of the									4810111	Width:		Comp			- 1	[New]		<b>7</b> 5	-			Structure is from		No. Block(s) No.	-200 -10000	Agent Mailing Address (include City/state/zip):		T 54	IRIN RI	of the transfer of a
							tacilities) (	, ,									400	727		Compost Toilet	Portable (w/service contract)	or .		- 1	Municipal/City	What Type of Sewer/Sanitary System Is on the property?		is from snoreline:	feet	is from Shoreline :	Lot Size	No. Subdivisio		Recorded Recorded		12	RIVER, WI	Sufference Sept.
	×   ×	×		×	74 × 7)	< >	< >	< >	<   >	<   >	×	×	×	×	×	Dimensions		Height:			contract)	Vaulted (min 200 gallon)	Specify Type:	Specify Type:		ype of ary System aroperty?		X	Is Property in Floodplain Zone?			ion:	}   F	Att	Plu			
				_ ·	8シ1年 (	,				-			)	)	-	Square Footage		ni ni				00 gallon)		Xwell	□ City	Water			y in Are Wetlands fone? Present?	_	Acreage 33.1/0		Page(s) 954	Attached    Property Ownership	Plumber Phone:	war	Cell Phone:	C C C

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date ≤ W 00

Authorized Agent:

Address to send perm

of authorization

(If you are signing on behalf of the owner(s) a letter

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recor Recorded Deed



I (we) declare that this applicate am (are) responsible for the demay be a result of Bayfield to above described property at an Owner(s):  Owner(s):  (If there are Multiple O Authorized Agent:  Address to send permi		☐ Municipal Use		Proposed Use  Residential Use	Existing Structure: (if per Proposed Construction:	\$ 3, 880 C Co	Value at Time of Completion *include donated time & material (What	X Is Cree  X Shoreland → ☐ Is	PROJECT LEGAL LOCATION LEGAL LOCATION NET	Contractor:  Contractor:  STA  Authorized Agent: (Person Sig	Owner's Name:  Owner's Name:  Address of Property:	SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138  [715] 373-6138  INSTRUCTIONS: No permits will be issued until all for Checks are made payable to: Bayfield County Zoning Checks are made payable to: Martine All Permits on Order Start Construction Until All Permits
FAILURE TO OBTAIN A DEFMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN FUNALLIES  If we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it it frue, correct and year is provided to the best of my (our) knowledge and belief it it frue, correct may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ above described property at any reasonable time for the purpose of inspection.  Owner(s):  Owner(s):  Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application.  Authorized Agent:  (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  Address to send permit  If you recently purchased	☐ Special Use: (explain) ☐ Conditional Use: (explain) ☐ Other: (explain)	(manufactured date ration (specify) ding (specify) ding Addition/Alt	with (2 <sup>nd</sup> ) Porch  with a Deck  with (2 <sup>nd</sup> ) Deck  with Attached Garage  Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	<ul> <li>✓ Principal Structure (first structure on property)</li> <li>□ Residence (i.e. cabin, hunting shack, etc.)</li> <li>with Loft</li> <li>with a Porch</li> </ul>	(If permit being applied for is relevant to it) Length: 4 Width: 26	New Construction   X 1-Story     Seasonal     1	Project # of Stories Use of and/or basement bedrooms	S Property/Land within 300 feet of River, Stream (ind. Intermittent)   Creek or Landward side of Floodplain? If yescontinue   Distance Structure is from Shoreline:    Is Property/Land within 1000 feet of Lake, Pond or Flowage   Distance Structure is from Shoreline:   fee	PIN: (23 digits)	(Person Signing Application on behalf of Owner(s))  Contractor Phone: Plumber:  Plumber:  Agent Phone: Agent Mailing Address (include City/State/Zip):	City/State/Zip:	APPLICATION FOR PERMIT  BAYEJELD.COUNTY, WISCONSIN  BAYEJE
- C	× × ×	1 (Hospital) 8	× × × × ×	Dimensions (	Height:	Specify Typ Specify Typ Specify Ty Vaulted ce contract	What Type of Sewer/Sanitary System Is on the property?	ne: Is Property in feet Floodplain Zone? ne: □ Yes □ No	Recorded Document: (i.e. Volume 110 Subdivision:		184	Permit #:  Date:  Amount Paid:  Affinal:  Refund:  Visit our website www.bayfiek
nd complete. I (we) acknowledge that I (we) permit. I (we) further accept fiability which ing county ordinances to have access to the Date 3/20/1/4  Date 3/20/1/4  Date 6  Attach Copy of Tax Statement the property send your Recorded Deed		) 328 54		Square Footage			Water	vin Are Wetlands one? Present? ☐ Yes	Page(s) 454  Acreage  Acreage	Plumber Phone: Written Authorization Attached  O Yes O No	B.O.A. OTHER  Telephone:  Cell Phone:	16-0419 11-14-16 115- & 18-18-14

	705
Please complete (1)—19 shows before to continued:  **Resident form the special cost to the cost of the	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*) (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
The LIP (7) above ignore to community)  Description of Planted Board  Controlling Controlling  Controlling  Controlling Controlling  C	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Changes in plans must be appropriate to be stated from the Lake [ordinary high-wait state]  Setback from the River, Stream, Creek Setback from the Bank or Bluff state Setback from the Bank or Bluff state Setback from Wetland Setback from Setback from Setback from Setback from Setback from Setback from Wetland Setback from Setback from Wetland Setback from Wetland Setback from Wetland Setback from Setback from Wetland Setback from Wetland Setback from Setback from Wetland Setback from	Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
Changes in plans must be approved by the Planning & Zonling Dept.  Description  Description  Description  Description  Measurement  Wetland  Wetland  TH-300 Feet  The Bluer, Stream, Greek  TH-300 Feet  The Bluer, Stream, Greek  TH-300 Feet  The Settlack-must be measured must be viable from one previously surveyed corner to the robot begin.  Required to Enforce the Uniform Dwelling Code.  Part of Description  Affidavit Required  The Settlack must be reasured must be viable from the settlack must be measured and be settlack must	) and/or (*) <b>Privy</b> (P)
ment reet Feet Feet Feet Feet Feet Feet Fee	<b>,</b>



INSTRUCTIONS: No permits will be issued until all fees are paid. Do Bayfin Checks are made payable to: Bayfield County Zoning Department:

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. \* \*\* ✓ Non-Shoreland Address of Property: of Completion
\* include
donated time & X Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: TYPE OF PERMIT REQUESTED-X Shoreland Authorized Agent: (Person Commercial Use Value at Time 585 NW 1/4, PROJECT LOCATION Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) arm (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) arm (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Authorized Agent: Municipal Use Residential Use material Proposed Use Section SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 TARLEY 5 ☐ Run a Business on Property New Construction
Addition/Alteration (What a) ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes.---continue Conversion

Relocate (existing bidg) Legal Description: Xs Property/Land within 300 feet of River, Stream (incl. Intermittent)
Creek or Landward side of Floodplain?

If yes—continue — (If you are signing on behalf of the , Township Project × でスト applying for) ☐ LAND USE Other: (explain) Conditional Use: (explain) Special Use: (explain) Residence Addition/Alteration (specify) Mobile Home (manufactured date) Accessory Building Addition/Alteration (specify) Accessory Building **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) Principal Structure (first structure on property) 000 on behalf of Owner(s)) (Use Tax Statement) ENTERED N, Range FRES ∠X 1-Story with a Porch with (2<sup>nd</sup>) Porch (i.e. cabin, hunting shack, etc. with Loft and/or basement with a Deck with (2<sup>nd</sup>) Deck with Attached Garage Basement No Basement # of Stories Foundation 1-Story + Loft Ē П Lot(s) % SANITARY Date Stamp Received 201 Bayfield Co. Zoning Dept. (specify) APPLICATION FOR PERMIT ATTER 9585 HA Contractor Phone: PIN: (23 digits) ≥ Agent Phone: Mailing Address: Section of the sectio SS 342-Proposed Structure Length: Length: GREEN HOUSE Year Round seasonal たらで PRIVY 2-48-08-16 Town of: Vol & Page Use 不 1 20 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) C. State Agent Mailing Address (include City/State/Zip): CONDITIONAL USE ïü None Distance Structure is from Shoreline: Distance Structure is from Shoreline: bedrooms  $\mathcal{C}$ P100 w N ompany this 1-02-약 # N City/State/Zip: なさ Date: Width: Width: Municipal/City (New) Sanitary 6 10000 Block(s) No. None Portable (w/service contract) Sanitary (Exists) Specify Type: Privy (Pit) Amount Paid: Compost Toilet 2 NIVER SPECIAL USE Sewer/Sanitary System Is on the property? Refund: Permit #: ľπ (1)8 악 What Type of Subdivision: Volume 910 Attached

☐ Yes ☐ N

Recorded Document: (i.e. Property feet feet Specify Type: 54847 Vaulted (min 200 gallon) 20 Date Date Dimensions 10 Is Property in Floodplain Zone?
☐ Yes B.O.A.  $\times |\times| \times$  $\times$ l $\times$ l ×I×I×I×  $\times | \times |$ S S Height: Height: 25 7.H 75.\$75U&V 16-0720 1-14-16 Cell Phone: Telephone: Written Authorization Acreage Page(s) 954 OTHER Square \*age 500 Are Wetlands
Present?

☐ Yes Footage Xwell □ No Water 3 City #E13

If you recently purcha

sed the pr

Recorded Deed

Attach
Copy of Tax States
property send your I

Address to send permit

Hold Fo	Signatu	Date of Condition	Inspecti	Was P	Granted □ <b>Yes</b>	Is Parce	Permit #:	Issuan Permit I		other previous one previous marked by	Setback Setback	Setback	Setback from t	Setback Setback	Setback	Setback		ñ	0 0						
Hold For Sanltary:	Signature of Inspector.	Date of Inspection: (Condition(s):Town, Committee  Not for kus	Inspection Record:	Was Pa roposed Build	Granted by ¥ariance (B.O.A.) □ Yes (I No	is Parcel a Sub-Standard Lot is Parcel in Common Ownership is Structure Non-Conforming	111-0426	Issuance Informa Permit Denied (Date):	4 (6)	placement or colously surveyed colously surveyed colously surveyed consty surveyed constitutions a licensed surveyed a licensed surveyed	to Drain Field to Privy (Porta	to Septic	from the W from the Ea	from the No	from the	from the		(8)	e complete					(2) SH (3) Sh (4) Sh (5) Sh (6) Sh (7) Sh	
- northman and remain	OT:	<b>→</b> 0 T —	Sxist) us	Was Parcel Legally Created Was Proposed Building Site Delineated		tandard Lot Ownership Conforming	128	Issuance Information (County Use Permit Denied (Date):	ake or Mar NOTK or The Consti	Prior to the placement or construction of a structure within ten (10) face of the minimum other previously surveyed corner or marked by a licensed surveyor at the owner's separate Prior to the placement or construction of a structure more than ten (10) facet but less than to one previously surveyed corner to the other previously surveyed corner, or verifiable by the marked by a licensed surveyor at the owner's expense.	id rtable, Comp	Tank of Holding Tank	West Lot Line East Lot Line	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	tablished Rij	Centerline of Platted Road \$15	Description	Setbacks: (measured to the closest point)	complete (1) (7) above (prior to continuing)		9			Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):	<u>Draw</u> or <u>Ske</u> row Location
Hold For TBA:		<u>∞</u>   ~ 1			Case #: /	☐ Yes (Dec		nty Use Only)	k Proposed  E: All Land U  ruction Of Ne	ucture within ten y a licensed surve ucture more than reviously surveye expense.	oosting)	No. 125	200 of 2	25% 25%	ght-of-Way	latted Road		easured to t	Owe (prior to						of: F
3A: 🗆	*	ons Attach	500	ZYes □ No □	40	(Deed of Record)(Fused/Contiguous Lot(s))			Location(s Jse Permits I w One & Tw ne local Town	(10) feet of the yor at the owner ten (10) feet but corner, or verification (10) feet but the corner, or verification (10) feet but the corner of verification (10) feet but the corner of verification (10) feet of the corner of verification (10) feet of the owner of the corner of verification (10) feet of the owner of the corner of the c		_			282205		,	he closest i	Continuing)				>	North (N) on Plot Plan (*) Driveway and (*) From All Existing Structures of the Well (W); (*) Septic (*) Well (W); (*) Siver; (*) Si	operty (rega roposed Co
Ho		oected by Yes	3	(X,51)		s Lot(s))	Permit Date:	Sanitary Number: Reason for Denial:	of New Co Expire One (1 o Family Dw o, Village, Cit	minimum required r's expense. t less than thirty (3 liable by the Depar		0.0	+ 200 + 200	275		275	Measurement	ooint)				A.		Plot Plan rand (*) Fro tructures o ; (*) Septic 1 River; (*) St s; or (*) Slor	rdless of wl
Hold For Affidavit:		) 8	5 7	2		No o	11-14	nber: enial:	nstruction, l) Year from elling: ALL N y, State or F	ed setback, the tage of the control	Feet Feet	Feet	Feet	Feet	Feet	Feet	ient					(		ntage Road n your Prop fank (ST); (* ream/Creel res over 20°	nat you are
vit:		رم المركب المرك	T 22 2	Were Prope	Previously, Granted by Variance (B.O.A.) ☐ <b>Yes ② No</b>	Mitigation Required Mitigation Attached	16		Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure within ten [10] leef of the minimum required setback, the boundary line from which the setback must be measured must other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten [10] feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the one previously surveyed corner to the other previously surveyed corner.	PR-201 (1983)	Setback to	Setback from 20% Slop Elevation of Floodplain	Setback from Wetland	Setback fro	Setback fro								North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	<b>Draw or Sketch your Property</b> (regardless of what you are applying for) ow Location of:  Proposed Construction
Hold		Selvi-e	)	rty Lines Re Wa	nted by Var	habitan nata		# 01	I) <u>Drain fie</u> Jance if Con  re Required  may also re	which the setback red setback, the bo pass from a known		Well	m 20% Slo f Floodplai	m Wetland	m the Rive m the Banl	m the Lake	Þ	Changes						age Road) DF); (*) H <b>o</b>	
Hold For Fees:		attached.)		Were Property Lines Represented by Owner Was Property Surveyed	iance (B.O.A	□Yes ZNo □Yes ZNo		of bedrooms:	Id (DF), Hol struction or To Enforce T equire permi	ik must be meass coundary line fro on corner within			pe Area n		r, Stream, C c or Bluff	Setback from the Lake (ordinary high-w	Description	in plans mu						lding Tank (	
				Charles (N. Ar	Case #				ding Tank (F Use has not he Uniform ts.	ared must be vision which the set				-	reek	/ater		st be approv						Tank (HT) and/or	
	Date of Approval:	Date of Re-Inspection	Zoning District ( Lakes Classification (	□Yes	\/\\	Affidavit Required Affidavit Attached		Sanitary Date:	Iding Tank (HT), Privy (P), r Use has not begun. The Uniform Dwelling Code nits.	we visible from one previously surveyed corner to e setback must be measured must be visible from the proposed site of the structure, or must be						mark) +		Changes in plans must be approved by the Planning & Zoning Dept.						/or (*)	
	pproval: //		ation ( 3)			ed □ Yes			) and <u>Well (</u> de.	previously surveyed measured must be v of the structure, or r			Z P	1/-3	1-350 N/R	215	Measurement	anning & Zo					)		
	1/4/16		5()	8 8 8 8		\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<b>₩</b> ).	isly surveyed corner to the ed must be visible from tructure, or must be		Feet	Feet	70 Feet	Feet	Feet	ment	ning Dept	\			We HIRAD			



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

FNIERED ATT FEES
APPLICATION FOR PERMIT BY
BAYFIELD COUNTY, WISCONSIN Date Supp (Regaves)) imi Singar Manage Tur

Bayfield Co. Zoning Dept. MAR 202014

		)	2P5 20	NA POR
Refund:	Amount Paid:	Date:	2 P3 20   Hermit #:	<b></b>
	75- \$1511-87C	11-11-16	16-6421	
	6		Separation of the separate sep	

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

☐ Non-Shoreland	X Shoreland → □ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	X(s Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	Section $16$ , Township $48$ N, Range $08$ W	NV 1/4, NE 1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	9585 HAIRUITU KORO	L'HEVERY FEVEST	TYPE OF PERMIT REQUESTED	
	ke, Pond or Flowage	er, Stream (Incl. Intermittent)  If yescontinue	_ W Town of:	CSM Vol & Page	<u>PIN:</u> (23 digits) <b>04</b> -	Agent Phone:	Contractor Phone:	City/State/Zip:	9585 FAIRUL	Mailing Address:	שלאמע ש מפווע
	Distance Structure is from Shoreline :fee	Distance Structure is from Shoreline:	TO B	Lot(s) No. Block(s) No.		Agent Mailing Address (include City/State/Zip):	Plumber:	Fe, WI 54847	9585 FAIRVIEW POLICE RIVER WIT	SANIJARY   PRIVY   CUNDITIONAL USE   Stecial USE   Stecial USE   Stecial USE	
	m Shoreline :	<del>-</del>	Lot Size	No. Subdivision:	Recorded Docume	e City/State/Zip):	A. Angrey A. A. a. a.	7847	WI MI	$\rightarrow$	
	□ Yes □ Yes □ No	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 40	The state of the s	Document: (i.e. Property Ownership)  10 Page(s) 954	Written Authorization Attached  yes No	Plumber Phone:	Cell I Rosse.	Call phone.	Telephone:	OAGTHER

Proposed Construction:	Existing Structur				9	多り	<b>&gt;</b>		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	C ATE	Property	Run a Business on	☐ Relocate (existing bldg)	□ Conversion	Ж् Addition/Alteration	☐ New Construction	Project
	or is relevant to it)		☐ Foundation	☐ No Basement	□ Basement	☐ 2-Story	□ 1-Story + Loft	1-Story	# of Stories and/or basement
Length: 14	Length: 90						∑ Year Round	☐ Seasonal	Use
				None None	П	3	□ 2	<b>1</b>	# of bedrooms
width: 35 Height: 490	Width: 22 Height:	□ None	☐ Compost Toilet	□ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: SCOTIC	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
30			L	.L <u> </u>			AWell	□ City	Water

				Square
Proposed Use	`	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	( x )	
		Residence (i.e. cabin, hunting shack, etc.)	( × )	
		with Loft	( x )	
X Residential Use		with a Porch	( x )	
`		with (2 <sup>nd</sup> ) Porch	( x	
		with a Deck	( x	44,000
		with (2 <sup>nd</sup> ) Deck	( ×	
☐ Commercial Use		with Attached Garage	( x )	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×	
***************************************		Mobile Home (manufactured date)	×	and the second s
		Addition/Alteration (specify)	×	
Municipal Use		Accessory Building (specify)	( x	
	×	Accessory Building Addition/Alteration (specify) NOOD STOKE	(14 × 35)	150bh
				C
		Special Use: (explain)	×	
		Conditional Use: (explain)	( x	- Constitution of the Cons
		Other: (explain)	~ ×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) deciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date	Authorized Agent:
	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 3/2	Owner(s):
3 /·	

Address to send permit

1	(1) (2) (3) (4) (4) (5) (6)
Z	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (5) Show any (*): (7) Show any (*):
Attached.	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show Location of (*): (9) Proposed Construction (1) Proposed Construction (1) Proposed Construction (1) Show   Indicate: (1) North (N) on Plot Plan (2) Show   Frontage Road (Name Frontage Road) (3) Show   Frontage Road (Name Frontage Road) (4) Show: (4) Privy (P) Privy (P) (5) Show any (*): (4) Wetlands; or (*) Stream/Creek; or (*) Pond (5) Show any (*): (6) Show any (*): (7) Show any (*): (8) Proposed Construction (9) Proposed Construction (9) Proposed Construction (9) Proposed Construction (1) Proposed Construction (2) Proposed Construction (2) Proposed Construction (3) Proposed Construction (4) Proposed Construction (5) Proposed Construction (5) Proposed Construction (6) Proposed Construction (7) Proposed Construction (8) Proposed Construction (9) Proposed Construction (9) Proposed Construction (1) Proposed Con

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

				Feet		Setback to Privy (Portable, Composting)
				Feet		Setback to Drain Field / / / /
Feet		Setback to Well > 50 PD>	S	Feet	60	Setback to Septic Tank of Holding Tank)
Feet		Elevation of Floodplain		Feet	472 800	Setback from the East Lot Line
⊠ No	□Yes	20% Slope Area on property		Feet	H- 250 Feet	Setback from the West Lot Line
Feet	1-300	Setback from Wetland	S	Feet	4-1000	Setback from the <b>South</b> Lot Line
	ARRIVA P			Feet	+1- 200	Setback from the North Lot Line
Feet	2	Setback from the Bank or Bluff	S			
Feet	4-570	Setback from the River, Stream, Creek	S	Feet	•	Setback from the Established Right-of-Way
Feet	4-500	Setback from the Lake (ordinary high-water mark)	S	Feet	7/- 530 Feet	Setback from the Centerline of Platted Road
					•	
ment	Weasurement	Description		ent	Measurement	Description

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary:	Signature of Inspector:		Condition(s):Town, Committee or Board Conditions Attached?   Yes   No -(If No they held to be attached.)	Date of Inspection: //// 0//	Inspection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 1/0-0421	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For TBA:			r Board Conditions Attached?	(c) Insp	Existins structure	reated	case #: NA	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Pern	Reas	
Hold For Affidavit:		)	O Yes O No Yif No they he	Inspected by:	Store ATT	<u>                                     </u>	Previous	D W B	Permit Date:   -)  -	Reason for Denial:	Sanitary Number:
Hold For Fees:	-		other helder be attached.)			Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)  U Yes 2 No C	Mitigation Required ☐ Yes ☑ No Mitigation Attached ☐ Yes ☑ No			# of bedrooms:
	Date of Approval 11			Date of Re-Inspection:	Zoning District ( 4 Lakes Classification (	ner od Yes ∕ed □ Yes	Case # NA	Affidavit Required ☐ Yes Affidavit Attached ☐ Yes			Sanitary Date:
	110/16				75	□ No		S S			

